

State of Washington )  
 )ss.  
County of Whitman )

I, \_\_\_\_\_ [NAME], being duly sworn, state that I am filing the attached City of Pullman Transportation License Application as \_\_\_\_\_ [TITLE] of \_\_\_\_\_ [COMPANY]; that, in such capacity, I am qualified and authorized to file and verify this attestation; that \_\_\_\_\_ [COMPANY] is aware of, and will abide by, the provisions of Chapter 6.94 of the Pullman City Code – Taxicab and Transportation Network Company Licenses.

***Check as applicable:***

I further certify that \_\_\_\_\_ [COMPANY] has complied with all Washington state and City of Pullman business licensing requirements and I have provided proof of compliance to the City of Pullman.

OR

I further certify that \_\_\_\_\_ [COMPANY] is not required to obtain a Washington state business license.

AND/OR

I further certify that \_\_\_\_\_ [COMPANY] is not required to obtain a City of Pullman business license under Chapter 6.95 of the Pullman City Code because \_\_\_\_\_ [COMPANY] does not maintain a physical presence in the City.

\_\_\_\_\_  
Signature of Affiant

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the \_\_\_\_\_ of \_\_\_\_\_, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC for State of Washington  
Residing at \_\_\_\_\_  
My appointment expires: \_\_\_\_\_

[ S E A L ]